



COARNG JA WILL INSTRUCTIONS
HQ STARC
OFFICE OF THE STAFF JUDGE ADVOCATE
6848 S. Revere Parkway
Centennial, CO 80112
(303) 677-8826
FAX (303) 677-8829

E-MAIL Derrick.Riley@us.army.mil

PREPARING YOUR WILL

1. Your appointment with the attorney to prepare your will is _____
2. **COMPLETE THE ATTACHED WORKSHEET AND BRING IT WITH YOU.**
3. Your appointment to review and execute your will is: _____
4. When you arrive for your appointment to review and execute your will, please check in and ask for your will to review.
5. If you change your mind about a will provision, please call in advance to schedule another legal assistance appointment.
6. Will review and execution may take up to an hour or more. Please plan accordingly. If you would provide your e-mail address, we can e-mail your documents for review. _____
7. Your cooperation and assistance is important to completing a quality product. If you have any questions, please ask them. If you have any suggestions on how to improve this process, please let us know.

Thank you,

The Office of the Staff Judge Advocate

OPTIONAL DOCUMENTS

APPOINTMENT TIMES
CALL (303) 677-8826 or
(303) 677-8825
E-MAIL Derrick.Riley@us.army.mil

Notaries:

Tuesday-Friday: 0800-1600
Daily Walk-In:

Legal Assistance Times.
By appointment only:

Tuesday-Friday: 0800-1600

Will Signings

By appointment only:

Tuesday-Friday: 0800-1600

For corrections or clarifications to your will and/or other supporting documents, Please arrive at least 15 minutes early.

OPTIONAL DOCUMENTS



COARNG WILL WORKSHEET

A. Documents Requested

_____A Will. This document directs who will receive your assets once you are deceased

_____A Living Will. This document authorizes a doctor to remove life support if you are in a persistent vegetative state.

_____A Durable Power of Attorney for Health Care. This document allows you to designate another person to make health care decisions on your behalf if you become incapacitated (e.g. in a coma).

_____A General Power of Attorney. This document allows you to designate another person to take care of our finances if you become incapacitated.

B. Personal Data:

Your Full Name (FIRST, MIDDLE, LAST): _____

Present Address: _____

Phone Number: Work - _____ Home - _____

Your State of Legal Residence: _____ *Your legal residence is important because we will draft your will in accordance with the laws of the state that you claim as your legal residence.*

Marital Status: ☐ Single and Never Married Military Status: ☐ Active Duty Military
☐ Married for the First Time ☐ Married to A/D Military Member
☐ Divorced and Not Remarried ☐ Married to Retired Military
☐ Married and Previously Married or Widowed ☐ Retired Military
☐ None of the Above

If Married, Full Name of Spouse: _____

Names and Ages _____

Of Children _____

TOTAL NUMBER OF CHILDREN = _____

Are any of your children adopted? ☐ Yes ☐ No

Are any of them stepchildren? ☐ Yes ☐ No

Do you want to treat any stepchildren as your own children? ☐ Yes ☐ No

Are any of your children under the age of 18? ☐ Yes ☐ No

If yes, at what age do you want them to receive their share of your estate: ☐ 18 ☐ 21

OPTIONAL DOCUMENTS

☐ Other: _____

Do you want your Executor to control and safeguard your child's inheritance until they reach that age? ☐ Yes

☐ No

By answering no, you may create an Express trust that can have additional requirements and expenses.

If no, who do you wish to exercise that control?:

Is the total value of your estate plus your spouse's estate Greater than \$600,000? (INCLUDE ALL ASSETS, e.g. house, cars, insurance, investments, savings, etc.)

☐ Yes

☐ No

If yes, give location and description:

Do you have a family-owned business or farm

☐ Yes

☐ No

If yes, give location and description: _____

C. Specific Bequests: You may leave particular items of personal property or an amount of money that you wish to give to a specific person.

___ None. Unless otherwise specified, all personal property will be disposed of a part of your residuary estate (those listed as your primary and or alternate beneficiaries in paragraphs D and E below).

___ Specific Bequest of (describe property, and person to receive the property)

Property: _____ Name: _____

Property: _____ Name: _____

Property: _____ Name: _____

___ Personal Property Memorandum (some states, e.g., Wyoming and Colorado)

A personal property memorandum allows you to give particular personal items or categories of personal items to a specific person (e.g., my Gold Roles from my Grandfather to my son). This allows you to pass heirlooms or sentimental items (vehicles, jewelry, collectibles, antiques, furniture, etc., but not real estate, stocks bonds or cash amounts) to specific people; and can be changed by you at any time without altering the basic provisions of your will. This memorandum is signed, dated and witnessed after the execution of your will. You will be provided with the memorandum format after the execution of your will — if no memorandum is found within 30 days of your death, then all personal property defaults to your residuary estate.

OPTIONAL DOCUMENTS

Property: _____ Name: _____ Address: _____

Property: _____ Name: _____ Address: _____

Property: _____ Name: _____ Address: _____

_____ In accordance with the memorandum first, with unnamed property to pass to the residuary estate.

_____ To my spouse first, and if she! he doesn't survive me, then in accordance with the memorandum.

D. Primary Beneficiary: You may choose one person or several persons who are to receive your estate upon your death. Your primary beneficiary(ies) will inherit your entire estate, unless they should die before you. If they should predecease you, your alternate beneficiary(ies) will inherit your entire estate.

I would like the following person(s) to be my primary beneficiary(ies).

☐ My spouse* ☐ My children, in equal shares* ☐ My parents, in equal shares

☐ Other: _____ Relationship to me: _____

Names: _____ Relationship to me: _____

Names: _____ Relationship to me: _____

Names: _____ Relationship to me: _____

E. Alternate Beneficiaries: You may designate one or more alternate beneficiaries who will inherit your estate if, and only if, your primary beneficiary(ies) should die before you.

Name: _____ Relationship to me: _____

Name: _____ Relationship to me: _____

F. Per Stirpes or Per Capita: If any of your children are beneficiaries and predecease you, leaving children of their own (your grand children), do you want your grand children to receive the deceased child's share (per stirpes)? Alternatively, you may treat grandchildren of the deceased child equally with children (per capata) that is, children, grandchildren, great grandchildren, etc., all receive an equal share. Finally, you may leave your estate only to surviving children before any grandchild receives anything.

_____ I want my grandchildren to receive the deceased child's share of the estate (per stirpes)

_____ I want to treat children, grandchildren, and great grandchildren alike (children and issue per capata)

OPTIONAL DOCUMENTS

____ I want only surviving children to receive my estate before grandchildren (children per capita)

G. Personal Representative (Executor): Your personal representative is the person who will be responsible for gathering and distributing your assets and filing your will in probate after your death. This person has administrative duties only and must distribute your estate in accordance with your will. You may also choose an alternate representative in case your primary person is unable to act.

1. I would like the following person to be my personal representative:

☐ My spouse: ☐ My child: _____ ☐ My mother: _____

☐ My father: _____

☐ Other: _____ Relationship to me: _____

H. Alternate Personal Representative (Alternate Executor): I would like the following person to be my alternate personal representative (Optional):

Name: _____ Relationship to me: _____

I. Guardian of Minor Children: You may designate the person or persons who you would like to care for your children if both you and your spouse should die. You may also designate an alternate guardian(s) who will care for your children in the event that the primary(ies) cannot. *Your will and your spouse's will should name the same guardian so there is no conflict, if you should die together.*

Primary: _____ Relationship to me: _____

(Optional)

Alternate: _____ Relationship to me: _____

PRIVACY ACT NOTICE: AUTHORITY: IOU.S.C. 802, EO 9397; PRINCIPAL PURPOSE: To collect data on you to assist your lawyer in drafting your will; ROUTINE USES: See principal purpose; DISCLOSURE IS VOLUNTARY: You are not required to complete this form; however, your failure to do so may mean the legal office cannot provide you with a will.

J. Living Will: An express directive that in the event of an irreversible coma or medical situation where there is no hope of recovery, you would want the withdrawal of life support. Check all that apply.

____ I wish to donate my organs for transplant

____ I wish to donate my organs, tissue or body for medical research and education

____ I wish to be cremated

____ I wish to be buried with military honors

OPTIONAL DOCUMENTS

_____ I wish to be buried at

K. Durable Power of Attorney for Health Care: You may designate one person and an alternate to make health care decisions for you if you become incapacitated.

Primary: _____

Address: _____

Phone: _____

(Optional) Alternate:

Address: _____

Phone: _____

L. General Power of Attorney: You may designate one person and an alternate to make financial decisions for you if you become incapacitated.

Primary: _____

Address: _____

(Optional)

Alternate: _____

Address: _____

Phone: _____